

L-1040X

# LANSING AMENDED INCOME TAX RETURN

Tax Year

MI- LNS1

Taxpayer's SSN	Taxpayer's first name Initial Last name		<b>AMENDED RETURN RESIDENCE STATUS</b>	
Spouse's SSN	If joint return spouse's first name Initial Last name		<input type="checkbox"/> Resident <input type="checkbox"/> Nonresident <input type="checkbox"/> Part-year resident Part-year resident - dates of residency (mm/dd/yyyy) From <input type="text"/> To <input type="text"/>	
Mark (X) box if deceased <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse	Present home address (Number and street) Apt. no.		<b>AMENDED RETURN FILING STATUS</b>	
Enter date of death on page 2, right side of the signature area	Address line 2 (P.O. Box address for mailing use only)		<input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly Married filing separately. Enter spouse's SSN in Spouse's SSN box and Spouse's full name here.	
Mark box (X) below if form attached <input type="checkbox"/> Federal Form 1310	City, town or post office	State	Zip code	Spouse's full name if married filing separately
<input type="checkbox"/> Supporting Notes and Statements (Attachment 22)	Foreign country name	Foreign province/county	Foreign postal code	

Did you e-file your original return for tax year noted above? ☐ Yes ☐ No

If yes, provide a complete copy of original return including all W-2 forms and return attachments.

INCOME AND DEDUCTIONS	ROUND ALL FIGURES TO NEAREST DOLLAR (\$0.50 and up next dollar)	Column A. Original amount – or as previously adjusted (see instructions)	Column B. Net change – amount of increase or decrease – explain in Part III	Column C. Correct Amount
1. Wages, salaries, tips, etc. (Attach W-2's not filed with original return.)	1	.00	.00	.00
2. Taxable interest	2	.00	.00	.00
3. Ordinary dividends	3	.00	.00	.00
4. Taxable refunds, credits or offsets	4	.00	.00	NOT TAXABLE
5. Alimony received	5	.00	.00	.00
6. Business income or (loss)	6	.00	.00	.00
7. Capital gain or (loss)	7	.00	.00	.00
8. Other gains or (losses)	8	.00	.00	.00
9. Taxable IRA distributions	9	.00	.00	.00
10. Taxable pensions and annuities	10	.00	.00	.00
11. Rental real estate, royalties, partnerships, S corps., trusts, etc.	11	.00	.00	.00
12. Reserved	12			
13. Farm income or (loss)	13	.00	.00	.00
14. Unemployment compensation	14	.00	.00	NOT TAXABLE
15. Social security benefits	15	.00	.00	NOT TAXABLE
16. Other income	16	.00	.00	.00
17. Total additions (Add lines 2 through 16.)	17	.00	.00	.00
18. Total income (Add lines 1 through 16.)	18	.00	.00	.00
19. Total deductions (Subtractions) (If changing, complete Part I on back.)	19	.00	.00	.00
20. Total income after deductions (Subtract line 19 from line 18.)	20	.00	.00	.00
21. Exemptions (If changing, complete Part II on the back.)	21	.00	.00	.00
22. Total income subject to tax (Subtract line 21 from line 20.)	22	.00	.00	.00

**TAX**

23. Tax	23	.00	.00	.00
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**PAYMENTS AND CREDITS**

24a. Tax withheld by your employer for LANSING	24a	.00	.00	.00
24b. Other tax payments before filing original return (Estimated, extension, etc.)	24b	.00	.00	.00
24c. Credit for tax paid to another city	24c	.00	.00	.00
24d. Tax paid with original return and additional tax paid after original return was filed	24d			.00
24e. Total payments and credits (Add lines 24a through 24d)	24e			.00

**AMOUNT YOU OWE OR YOUR OVERPAYMENT**

25. Overpayment as shown on original return or as previously adjusted	25		.00
26. Adjusted payments and credits (Line 24e less line 25; if less than zero, see line 27 instructions)	26		.00
27. Amount you owe (If line 26 larger than zero and less than line 23, column C, subtract line 26 from line 23, column C, and enter the difference; if line 26 is zero or less than zero, a negative amount, treat the amount as a positive and add it to the amount on line 23, column C, and enter the result; otherwise leave blank)	27		.00
28. Overpayment (If line 26 is larger than zero and more than line 23, column C, subtract line 23, column C, from line 26 and enter the difference)	28		.00
29. Amount of overpayment to be applied to your (enter tax year):	29	estimated tax	.00
30. Amount of overpayment to be refunded	30		.00

Mail amended return to : CITY OF LANSING INCOME TAX DIVISION, 124 W MICHIGAN 1<sup>ST</sup> FL, LANSING, MI 48933

Revised: 01/15/2015

<b>Form L-1040X</b>		Taxpayer's name		Taxpayer's SSN		Tax year		<b>MI - LNS1</b>	
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Part I Deductions Schedule (See instructions)		Column A. Original amount	Column B. Net change	Column C. Correct amount
1. IRA deduction	1	.00	.00	.00
2. Self Employed SEP, SIMPLE and qualified plans	2	.00	.00	.00
3. Employee business expenses	3	.00	.00	.00
4. Moving expenses (Moving into city area only)	4	.00	.00	.00
5. Alimony paid	5	.00	.00	.00
6. Renaissance Zone deduction	6	.00	.00	.00
7. Total deductions (Add lines 1 - 6 and enter here and on page 1, line 19)	7	.00	.00	.00

  

Part II Exemptions Schedule		A. Exemptions	B. Net Change	C. Correct number or amount
Complete this part only if you are increasing or decreasing the number of exemptions (personal or dependents) claimed on line 21a or equivalent line of the return you are amending		(Number or amount reported or as previously adjusted)		
See form L-1040 and Form L-1040X instructions				
1. Yourself and, if joint return, spouse	1			
2. Your dependent children	2			
3. Other dependents	3			
4. Total number of exemptions	4			
5. The exemption value for the tax year you are amending	5			
6. Total exemption amount (Multiply line 4 by line 5 enter here and on page 1, line 21)	6			
7. List ALL dependents (children and others) claimed on this amended return and complete other information requested for each. If more than 7, attach additional schedule				
(a) First name	(b) Last name	(c) Social security number	(d) Dependent's relationship to you	(e) Date of birth

  

<b>Part III Explanation of Changes (In the space provided below, tell us why you are filing Form L-1040X)</b>				
▶ Attach any supporting documents and new or changed forms and schedules ▶ If more space is needed, attach one or more additional pages of explanation				

  

<b>THIRD PARTY DESIGNEE</b>				
Do you want to allow another person to discuss this return with the Income Tax Office?		Yes, complete the following		No
Designee's name	Phone No.	Personal identification number (PIN)		

  

<b>Sign Here Remember to keep a copy for your records</b>				
Under the penalty of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct and complete. If prepared by a person other than taxpayer, the preparer's declaration is based on all information of which preparer has any knowledge.				
TAXPAYER'S SIGNATURE - If joint return, both spouses must sign	Date (MM/DD/YYYY)	Taxpayer's occupation	Daytime phone number	If deceased, date of death
SPOUSE'S SIGNATURE	Date (MM/DD/YYYY)	Spouse's occupation	Daytime phone number	If deceased, date of death
SIGNATURE OF PREPARER OTHER THAN TAXPAYER		Date (MM/DD/YYYY)	PTIN, EIN or SSN	Preparer's phone no.
FIRM'S NAME (or yours if self employed), ADDRESS AND ZIP CODE			NACTP number of software used to prepare tax return	<b>LNS1</b>

## Schedule TCX

Taxpayer's name

Taxpayer's SSN

Tax year

MI-LNS1

AMENDED PART-YEAR RESIDENT TAX CALCULATION		RESIDENT PORTION OF TAX YEAR			NONRESIDENT PORTION OF TAX YEAR		
INCOME		Column A. Original amount -- or as previously adjusted (see instructions)	Column B. Net change -- amount of increase or decrease -- explain in Part III	Column C. Correct Amount	Column D. Original amount -- or as previously adjusted (see instructions)	Column E. Net change -- amount of increase or decrease -- explain in Part III	Column F. Correct Amount
1. Wages, salaries, tips, etc.	1						
2. Taxable interest	2						NOT TAXABLE
3. Ordinary dividends	3						NOT TAXABLE
4. Taxable refunds, credits or offsets	4			NOT TAXABLE			NOT TAXABLE
5. Alimony received	5						
6. Business income or (loss)	6						
7. Capital gain or (loss)	7a	Sch. D not required.	7b				
8. Other gains or (losses)	8						
9. Taxable IRA distributions	9						NOT TAXABLE
10. Taxable pensions and annuities	10						
11. Rental real estate, royalties, partnerships, S corps, etc.	11						
12. Reserved	12						
13. Farm income or (loss)	13						
14. Unemployment compensation	14			NOT TAXABLE			NOT TAXABLE
15. Social security benefits	15			NOT TAXABLE			NOT TAXABLE
16. Other income	16						
17. Total additions (Add lines 1 through 16.)	17						
18. Total income (Add lines 1 through 16.)	18						
<b>DEDUCTIONS SCHEDULE</b> See instructions. Deductions must be allocated on the same basis as related income.							
1. IRA deduction	1						
2. Self Employed SEP, SIMPLE and qualified plans	2						
3. Employee business expenses	3						
4. Moving expenses	4						
5. Alimony paid	5						
6. Renaissance Zone deduction	6						
19. Total deductions (Add lines 1 through 6.)	19						
20. Total income after deductions (Line 18 less line 19.)	20						
<b>EXEMPTIONS</b>							
21a. Number of exemptions claimed	21a						
21b. Total value of exemptions (See instrs. for exemption value.)	21b						
21c. Value of exemptions against nonresident income	21c						
22a. Income subject to tax as a resident (L 20 less L21b)	22a						
22b. Income subject to tax as a nonresident (L20 less L21c)	22b						
<b>TAX</b>							
23a. Tax rate (Col. B resident rate & col. E nonresident rate)	23a						
23b. Tax at resident rate	23b						
23c. Tax at nonresident rate	23c						
23d. Total tax (Enter here and on Form L-1040X, line 23.)	23d	(Column A, line 23b plus column D, line 23c)	(Column B, line 23b plus column E, line 23c)	(Column C, line 23b plus column F, line 23c)			